

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: UTAH

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and furnishing
Medicaid.

TN No. 91-20
Supersedes
TN No. 75-45

Approval Date 11/13/91

Effective Date 10/1/91

HCFA ID: 7982E